

Chariot Races

When: Tuesday, Oct. 27

What time: 6-7:30 p.m.

Where: Intramural Field (Rain Location: Red Barn)

Application Deadline: 4 p.m., Friday, Oct. 23

Sponsored by: Fraternity & Sorority Affairs Office

Tradition plays an important part in many campus events, and the Chariot Race is a tradition at APSU. These games are derived from the Greek games whose origins date back as early as 1453 BC. This event is open to the entire Austin Peay community. In case of inclement weather, this event will occur on Monday, Oct. 26, 2009.

Guidelines

1. Entries must be a single axle cart with no more than two wheels.
2. Size of the cart will be at the discretion of the organization.
3. No more than four people will pull the cart, and only one person will be allowed inside of the cart.
4. No weapons of any type are allowed on or within the carts.
5. Student Life and Leadership reserves the right to disqualify any entry we deem unsafe or inappropriate.
6. All participants must fill out a liability waiver and submit it to the Office of Student Life & Leadership by 4 p.m. on Oct. 17. Only students with a waiver on file shall be allowed to participate. There will be NO exceptions!
7. Students riding in the chariot must wear a helmet.

Detach here and forward to the Fraternity & Sorority Affairs Office.

Chariot Races Entry Form

Please fill out this form and return it to the Fraternity & Sorority Office by 4 p.m., Oct. 23, 2009.

Name of Organization: _____

Contact Person: _____

Phone: _____

E-mail: _____

LIABILITY FORM 2
Assumption of Risk and Release by Student: Short Form

LIABILITY RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE

This is a legally-binding Release made by me, _____,
(please print your name) to Austin Peay State University, 601 College Street Clarksville, TN 37044.

I fully recognize that there are dangers and risks to which I may be exposed by participating in **Homecoming Chariot Races** during **Tuesday, Oct. 27, 2009**. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity:

Broken limbs, sprained limbs, bumps, bruises, head injuries, death.

I understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by the Institution in this activity, I release the Institution (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Institution (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the Institution.

I recognize that this Release means I am giving up, among other things, rights to sue the Institution, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

(Releasor's Signature)

(Parent or Guardian Signature if Releasor is under 18 years old)

(Date)

YOU MUST COMPLETE FOLLOWING INFORMATION.

(Please print)

Name: _____

In case of emergency, contact _____ (name) who is
_____(relationship), at the

following number(s): _____.

Health Insurance Company Name _____

Policy Number _____

Please list any special services you may require due to an existing medical condition or physical disability:

_____.